U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention
Atlanta, GA 30333

Congenital Rubella Syndrome Case Report

Date of Report: ☐☐ Mo. ☐☐ Day ☐☐ Yr.

Date of Last Evaluation of Infant: ☐☐ Mo. ☐☐ Day ☐☐ Yr.

I Patient Information

Child's Name: (Last) (Rrst) (Middle)

Current Address: (County, State and Zip Code)

Age Congenital Rubella Syndrome Diagnosed:
____ Years ____ Months ☐ <1 Month ☐ Unk

Date of Birth: ☐☐ Mo. ☐☐ Day ☐☐ Yr.

Birth Weight: ____ Grams ___ lbs.___ oz. ☐ Unk.

Gestational Age: ____ weeks

Sex: ☐ M ☐ F ☐ Unk.

Race:
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black
☐ White
☐ Other (specify) ____

Ethnicity:
☐ Hispanic Origin
☐ Not of Hispanic Origin
☐ Unk.

II Clinical Characteristics

	Yes	No	Unk.
Cataracts	☐	☐	☐
Hearing Loss	☐	☐	☐
Mental Retardation	☐	☐	☐
Congenital Heart Disease 1. Patent Ductus Arteriosus	☐	☐	☐
2. Peripheral Pulmonic Stenosis	☐	☐	☐
3. Congenital Heart Disease Type Unknown	☐	☐	☐
4. Other (Specify) ____			
Meningoencephalitis	☐	☐	☐
Microcephaly	☐	☐	☐
Purpura	☐	☐	☐
Enlarged Spleen	☐	☐	☐
Enlarged Liver	☐	☐	☐
Long Bone Radiolucencies	☐	☐	☐
Congenital Glaucoma	☐	☐	☐
Pigmentary Retinopathy	☐	☐	☐

Other Abnormalities: If Yes, specify ____
☐Yes ☐No ☐ Unk.

Is Child Living? ☐Yes ☐No ☐ Unk.
If No Date of Death: ☐☐ Mo. ☐☐ Day ☐☐ Yr. ☐Unk.

Causes of Death: (From death certificate)
1. ____
2. ____

If Child Died, Was Autopsy Performed? ☐Yes ☐No ☐Unk.

Final Anatomical Diagnosis: ____

III Maternal History

Mothers Name: (Last) (First) (Middle)

Age at Delivery: ____ yrs.

Occupation at Time of Conception: ____ ☐ Unemployed ☐ Unk.

Did Mother Attend Family Planning Clinic Prior to Conception? ☐Yes ☐No ☐Unk.

No. of Previous Live Births: ____ ☐Unk.

No. of Previous Pregnancies: ____ ☐Unk.

Prenatal Care for this Pregnancy: ☐Yes ☐No ☐ Unk.
Date of 1st Visit: ☐☐ Mo. ☐☐ Day ☐☐ Yr. ☐Unk.

Was Prenatal Care Obtained in:
☐ Public Sector
☐ Private Sector
☐ Unk.

Rubella-Like Illness During Pregnancy: ☐Yes ☐No ☐Unk.

If Yes, Month of Pregnancy: ____ ☐ Unk.

Was Rubella Diagnosed by a Physician at Time of Illness? ☐Yes ☐No ☐Unk.
If not MD, by Whom? ____

Was Rubella Semlogically Confirmed at Time of Illness? ☐Yes ☐No ☐ Unk.

Location of Exposure:
Within United States ... ☐Yes ☐No ☐Unk.
Outside United States . . ☐Yes ☐No ☐Unk.
If Yes, specify country (if known, specify city/county),

If Location of Exposure is Unknown did Mother travel outside the United States during 1st Trimester of Pregnancy ? ☐Yes ☐No ☐ Unk.
If Yes, specify country (if known, specify city/county)

Date of Travel: ☐☐ Mo. ☐☐ Day ☐☐ Yr. ☐Unk.

Source of Exposure:
Was the Mother Directly Exposed to a Known Rubella Case? ☐Yes ☐No ☐ Unk.
If Yes, please specify relationship

Date of Exposure: ☐☐ Mo. ☐☐ Day ☐☐ Yr. ☐Unk.

Number of Other Children <18 yrs. Living in Household During this Pregnancy: ____

Were any of the Children Immunized with Rubella Vaccine? ☐Yes ☐No ☐Unk.

Clinical Features of Maternal Illness:

	Yes	No	Unk.
Rash:	☐	☐	☐
Date of Onset: (Mo. Day Yr.)			
Fever:	☐	☐	☐
Lymphadenopathy:	☐	☐	☐
Arthralgia/Arthritis:	☐	☐	☐

Other (specify) _____

Mother Immunized with Rubella Vaccine

☐ Yes ☐ No ☐ Unk.

If Yes, Date Vaccinated: ☐☐ Mo. ☐☐ Day ☐☐ Yr.

If Yes, Source of Information:

☐ Physician ☐ Mother Only

☐ School ☐ Other (Specify) _____

☐ Public Sector ☐ Private Sector ☐ Unk.

Did the mother have serological testing for rubella Immunity prior to exposure?

☐ Yes ☐ No ☐ Unk.

If Yes, Date: ☐☐ Mo. ☐☐ Day ☐☐ Yr. ☐ Unk.

Interpretation of Test Results:

☐ Susceptible ☐ Immune ☐ Unk.

If more than one serologic test, include dates & results for each time tested.

IV Laboratory

Specimens for Viral Study ☐ Yes ☐ No

(Check one) Mother	Infant	Type Specimen	Date Collected	Laboratory	Specific Test Methods Used (See Below)*	Test Results
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			

V Appraisal

☐ Confirmed ☐ Probable ☐ Possible ☐ Infection Only ☐ Not CRS ☐ Stillbirth ☐ Unk. ☐ Indigenous to U.S. ☐ Imported to U.S.

Invesligator's Name: (Print)	Telephone:	Date:
Physician Responsible for Child's Care:		Telephone:

Source of Report:

☐ Private MD ☐ Death Record ☐ Birth Record ☐ Laboratory ☐ Hospital ☐ Other

Lab Test Methods

a) Viral Cultures
b) RIA
c) IFA
d) ELISA
a) Hernaglutination Inhibition (HAI)
f) Latex Agglutination
9) Passive Hernaglutination (PHIA)
h) Other (Please Specify _____

• If Antibody Testing was Performed, Please Specify Which Rubella-Specific Immunoglobin Antibody (IgM or IgG) was used.

Definitions

Clinics Description:

An illness of newborns resulting from rubella infection in utero and characterized by signs and symptoms from the following categories:

A. Cataracts/congenital glaucoma, congenital heart disease (most Commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.

B. Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.

Clinical Case Definition:

Presence of any defects or laboratory data consistent with congenital rubella infection (as reported by a health professional).

Laboratory Criteria for Diagnosis:

- Isolation of rubella virus, *or*
- Demonstration of rubella-specific IgM antibody, *or*
- An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month).

Case classification:

Possible: A case with some compatible clinical findings but not meeting the criteria for a probable case.

Probable: A case that is not laboratory-confirmed and that has any two complications listed in A above, or one complication from A and one from B.

Confirmed: A clinically compatible case that is laboratory-confirmed.

Infection Only: A case with laboratory evidence of infection, but without any clinical symptoms or signs.

Comment: In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication.

Other Definitions:

Imported to U.S.: A case which has its source of exposure outside the United States.

Indigenous to U.S.: Any case which cannot be proved to be imported.